Chapter 21: Managing Abstracting Assignments

Casefinding or abstracting assignments are maintained and tracked in SEER*DMS as Abstract Facility Leads (AFLs). As a record or patient set is processed, an AFL is auto-created if SEER*DMS detects, per registry-defined algorithms, that further information must be abstracted from medical records. SEER*DMS also allows ad hoc AFLs to be created manually, for example, to initiate a lead based on a phone conversation with a facility's representative.

An AFL is closed automatically when an abstract record enters the system and is matched to an AFL (see the *Algorithms to Auto-close AFLs* section of this chapter). An AFL can also be closed manually, for example, if it has been deemed non-reportable.

Several system reports are available in SEER*DMS to monitor casefinding completeness. If you determine a case should be submitted to SEER or other sources as a Death Certificate Only (DCO) or Casefinding Only (CFO) case, you may build a CTC from the record (see *Creating a CTC from a Non-abstract Record* for more information).

In this chapter, you'll learn about

- Relevant Terms
- Understanding Abstract Facility Leads in SEER*DMS
- Abstract Facility Leads Created in Automated Tasks
- Manually Creating an Abstract Facility Lead
- Assigning Leads to an Abstractor
- Tracking Abstracting Assignments
- Printing AFLs
- Modifying AFLs
- Updates to AFL Data Fields
- Algorithms to Auto-close AFLs
- Creating a CTC from a Non-abstract Record
- Casefinding Reports

Relevant Terms

The following terms will be used throughout this chapter:

Abstract Facility Lead (AFL)
In SEER*DMS, an AFL is a mechanism for assigning and tracking a request to abstract a case. The processes to create, track, and close AFLs are described in this chapter.

Casefinding Record
A record submitted to the registry containing medical data from pathology reports. These data may indicate a new case or identify the need for an abstract related to an existing case. Therefore, an incoming Casefinding record often triggers the creation of an Abstract Facility Lead. If an abstract is never obtained, a new CTC can be built from a Casefinding record (see the *Creating a CTC from a Non-abstract Record* section of this chapter). The specific file types that are processed as "Casefinding" in the workflow are listed on your registry's workflow diagram. For example, Follow-up Transmit, HL7, and other import file types may contain casefinding data and follow the workflow path defined for Casefinding Records.

Health Index Record
A record type that is typically used to store data from a hospital's diagnostic index records or discharge logs. These data are used for quality assurance related to casefinding; and may provide follow-up and treatment data that are consolidated into existing patient sets. If a Health Index record indicates the need for an abstract, an AFL is auto-created.

NAACCR Update Record
The NAACCR short format record used to submit field-specific corrections to data previously submitted to the registry. If a NAACCR Update record cannot be matched to a CTC, an abstract facility lead is auto-created.

Death Certificate Record
A data record containing death certificate data items. These data are used to update follow-up variables for existing patient sets. If a death certificate indicates a new reportable cancer, an AFL is created. If an abstract can not be obtained, death clearance follow-back procedures are performed as described in *Chapter 17: Death Clearnace*.

Understanding Abstract Facility Leads in SEER*DMS

The following describes the overall process for assigning and tracking abstract facility leads (AFLs).

1. **AFLs are created:** Typically, AFLs are created in automated processes as Casefinding, Health Index, NAACCR Update, or Death Certificate records move through the workflow (refer to your registry's workflow diagram). An AFL may also be created manually. These processes are described later in this chapter in the *Abstract Facility Leads Created in Automated Tasks* and *Manually Creating an Abstract Facility Lead* sections.

2. **AFLs are assigned to an abstractor:** A registry casefinding manager uses SEER*DMS to create a list of AFLs which can be assigned to an abstractor, in the form of the "Abstracting Assignments" report (see the *Assigning Leads to an Abstractor* section of this chapter). AFLs must be assigned in a group for a single facility. The "Abstracting Assignments" report is printed by clicking the Assignments button in the Abstract Facility Lead manager (see the *Printing AFLs*).

3. **Medical records are abstracted:** The abstractor investigates each assigned lead and indicates any action taken by writing the appropriate code on the "Abstracting Assignments" report. The action codes may be used to track the "result" of the abstracting assignment. The coding scheme includes codes indicating reasons for not abstracting a case and a code to indicate that an abstract was obtained.

   a. The abstractor uses the registry's abstracting tool to create an abstract record for each reportable case. Records for the abstracted cases are imported into SEER*DMS.

   b. The abstractor returns the assignment report to a casefinding manager; a reason should be indicated for each case that was not abstracted.

4. **AFLs are automatically closed when abstract records are imported:** Imported abstract records move through the workflow. If an abstract record matches an AFL, the lead is closed automatically.

5. **AFLs that remain open are reviewed and processed. The AFLs may be manually closed, flagged for further investigation or physician letters, or reassigned:**

   a. Registry staff use SEER*DMS to manually close AFLs that are no longer needed. This would include leads that were satisfied by an abstract but were not recognized as a

match based on the AFL matching algorithm (e.g., if data fields were missing or incomplete), as well as leads that refer to non-reportable events. The abstractor's determination ("not a reportable cancer", "not at hospital", etc) may be indicated in the AFL's result field.

b. A casefinding manager reviews the "Abstracting Assignments" report returned by the abstractor. There may be leads that still require an abstract, for example, if the medical records were not available for abstracting. The "Abstracting Assignments" report can be reprinted for this group (see the *Printing AFLs* section of this chapter). The data manager either re-assigns the pending leads to an abstractor; or ungroups the leads to allow them to be re-assigned at a later time.

c. The result field may also be used to designate and track open AFLs for which an abstract could not be obtained and require further investigation. For example, when it is determined by the abstractor that the information is based on a pathology report and the patient was not seen at the facility, a casefinding manager may set the result of the lead to Tissue Only. This indicates that an abstract is not required from the facility associated with the AFL; the registry may need to investigate the case further to determine whether an abstract is required from another facility or doctor's office.

d. A casefinding manager uses import reports and the Abstracting Assignments report to investigate AFLs that were abstracted but did not match imported abstract records (as determined by the matching algorithm described in the *Algorithms to Auto-close AFLs* section of this chapter).

You may use an AFL's result field to record the determination coded by the abstractor on the Abstracting Assignments report. The valid values for this field are listed below. Registry policies should determine how this field is populated and maintained. In SEER*DMS, the *Abstracted* and *Not a Reportable Cancer* values involve special processing as noted below.

- **Abstracted** – When an abstract record is imported into SEER*DMS, the AFL is closed and the result field is automatically set to abstracted.
- **FUP Only**
- **Not a Reportable Cancer** – If a closed AFL has a result value equal to "N*ot a Reportable Cancer*", the reportability of the record that triggered the AFL is changed to auditable.
- **Tissue Only**
- **Slide Only**
- **Not at Hosp**
- **DOA**
- **Rad Only**
- **Recurrence**
- **Metastatases**
- **Duplicate**
- **Out of Area**
- **Prior to Reporting Date**
- **Other**

Abstract Facility Leads Created in Automated Tasks

An AFL is auto-created when SEER*DMS determines, per registry-defined algorithms, that further information must be abstracted from medical records. In general, an AFL is auto-created if there is an indication that a facility has diagnosed or treated a patient for cancer but an abstract record was not received. The following summarizes events that trigger the auto-creation of an AFL.

Processing of Casefinding Records

Reportable Casefinding records may trigger the auto-creation of AFLs as they move through the workflow. The AFL is generated prior to matching the incoming record to the database. The AFL is auto-closed when the record is linked to a CTC (if it is determined that an abstract is not needed). This may occur during the Casefinding record's initial processing or when a matching abstract record is processed. The specific file types that are processed as "Casefinding" in the workflow are listed on your registry's workflow diagram. For example, Follow-up Transmit, HL7, and other import file types may contain casefinding data and follow the workflow path defined for Casefinding Records.

Processing of Health Index Records

An AFL is generated when a reportable Health Index record is loaded into SEER*DMS and moves through the workflow. An AFL is auto-created if the record is for a patient that is not found in the database or pertains to a new CTC for an existing patient.

Processing of NAACCR Update Records

An AFL may be generated when a NAACCR Update record is loaded into SEER*DMS and moves through the workflow. The AFL may be auto-created at two separate points in the workflow. First, an AFL is auto-created if the record is for a patient that is not found in the database. If the record does match an existing patient set, the record will be linked to that patient set during a Consolidate FUP task. Subsequently, a Consolidate Task will be created if the update record contains CTC, admissions, or treatment data fields. Once the consolidation is complete, the AFL will be auto-created if the NAACCR Update record is not linked to a CTC and the record contains CTC, admissions, or treatment data.

Death Clearance

When a death certificate record enters the workflow, SEER*DMS attempts to move the record through the editing, screening, matching, and consolidating tasks. If the record is deemed non-reportable, it is used for passive follow-up. If the record is deemed reportable and matches data in the system, it is consolidated into the patient set data. If the death certificate record does not match existing data and indicates a reportable cancer, an abstract is needed. SEER*DMS creates an Abstract Facility Lead if an appropriate facility can be identified. ("An appropriate facility" is defined within the registry configuration. This may be a hospital, hospice, or other facility at which medical records can be abstracted).

The AFL is generated prior to matching the incoming death certificate record to the database. The AFL is auto-closed when the record is linked to a CTC (if it is determined that an abstract is not needed). This may occur during the record's initial processing or when a matching abstract record is processed.

If an abstract can not be obtained, death clearance follow-back procedures are performed as described in *Chapter 17: Death Clearance*.

Final Review of Patient Set Data

The final process in the SEER*DMS workflow involves automated checks of the patient set data. The treatment fields are checked to determine if additional information is required. SEER*DMS creates an AFL for patient sets in which the data indicate that a treatment was performed at a facility, yet the abstract record was not received.

Manually Creating an Abstract Facility Lead

Requires system permission: *afl_initiate*

Information obtained via paper records or ad hoc communications with a facility can be used to create an Abstract Facility Lead (AFL) manually. You should search the database to verify that this case was not previously abstracted. An AFL should only be generated if the lead does not match a CTC facility report in the database. The system will prevent a duplicate AFL from being generated.

*To manually create an AFL in SEER*DMS:*

1. Select **View** > **Patients**.
2. Enter all known patient information in the search fields.
3. Do not restrict the search by **Data Type**. You may either use the default setting for this field (nothing is selected) or select both Patient Sets and Unlinked Records.
4. Use the lookup to specify the **Facility**.
5. Click **Search.** Follow the next step that is appropriate based on the search results.

If you did not find the person in the database, i.e., there are no Patient Sets or records that match:

1. Click **Create AFL** on the Patient Lookup page.
2. The information that you entered to search the database will be auto-filled in the AFL page. Use the lookup to enter the reporting **Facility**.
3. Fill in as many of the fields as are known. If the data are available, it is particularly important to enter medical record number, first and last name, date of birth, social security number, and event date (date of service). SEER*DMS uses these fields to match AFLs to incoming abstract records. Matched AFLs are automatically closed (see the *Algorithms to Auto-close AFLs* section of this chapter).
4. Click **OK.**

If you find a record for this person, check to see if it fills the casefinding need:

1. Click the Record ID.
2. Compare the casefinding information to the record's data.
   a. Is this the same person? Check name, date of birth, SSN, and other identifiers.
   b. Is this the same tumor? Check site and compare the record's admission date to the casefinding event date.
   c. Is the record's reporting source the same as the facility noted in the new information?
3. If you determined that this is an abstract record related to this casefinding information, there is no need to create a new AFL. You are finished processing this casefinding lead and can either click **Cancel** to return to the Patient Lookup or use the menus or toolbar to access other parts of SEER*DMS.
4. If you determine that the record is not an abstract related to this casefinding lead:
   a. Click **Cancel** to return to the Patient Lookup page.

b. Click the **Create AFL** button on the Patient Lookup page.

c. Information that you entered to search the database will be auto-filled in the AFL page.

d. Fill in as many of the fields as are known. It is particularly important to enter all known information for medical record number, first and last name, date of birth, social security number, and event date. SEER*DMS uses these fields to match AFLs to incoming abstract records. Matched AFLs are automatically closed (see the *Algorithms to Auto-close AFLs* section of this chapter).

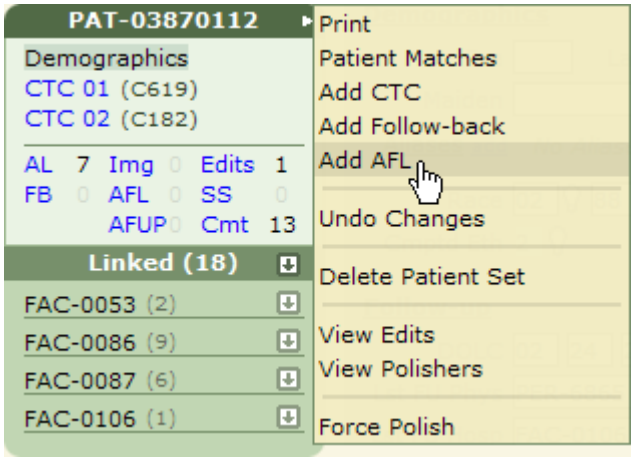
e. Click **OK**.

If you find a Patient Set for this person, check to see if an abstract record that fills this casefinding need exists and is linked to the Patient Set:

1. Click the Patient Set ID.
2. Using the CTC links in the Patient Set navigation box, review each CTC.
3. If this casefinding lead is a report from a new facility for an existing CTC:

   a. Click the appropriate CTC link to select it (**CTC 02** is selected in the figure below).

   b. Click the ▸ menu indicator next to Patient ID to open the CTC menu. Select **Add AFL**.



   c. Information from the CTC will be auto-filled into the AFL form. Review these fields and make changes, as necessary. The Event Date is auto-filled with the date of diagnosis for the CTC. If the new information includes a more appropriate date, revise this field.

   d. Complete as many additional fields as are known. You must specify a **Facility**.

   e. Click **OK**.

If this casefinding lead represents a new CTC for this patient:

1. Click the **Demographics** link in the **Patient Set** portion of the navigation box. (To verify this, check to see that Demographics is shown on a shaded background.)
2. Click the ▸ menu indicator next to the Patient ID. The Patient Set Demographic's menu will be displayed.
3. Select **Add AFL**.

4. Demographic information from the patient set will be auto-filled into the AFL form. Review these fields and make changes, as necessary.

5. Complete as many additional fields as are known. You must specify **Facility Name**.

6. Click **OK**.

Once you save the new AFL, it will be added to the system as an open, unassigned AFL. Use the AFL Manager to assign this lead to an abstractor.

Assigning Leads to an Abstractor

Requires system permission: *afl_manager*

AFLs must be grouped by facility before they can be assigned to an abstractor. A group may consist of one or more AFLs for a single facility. If the number of AFLs for a facility is too large to assign, smaller groups based on event date should be created. Event date is the date of diagnosis (if available), report date (Casefinding records), date of last contact (Death Certificates and Death Notices), admission date (Health Index records, these would typically be diagnostic index records) or the date of service entered into the Event Date field when the AFL was manually created.

To assign a set of AFLs to an abstractor:

1. Select **Manage > Abstract Facility Leads**.

2. Use the Filter controls to reduce the list:

   a. Use the  lookup to select the facility in the **Facility** filter.

   b. You may limit your selection by the type of record that triggered the AFLs. For AFLs related to Casefinding records, select Casefinding in the **Source** filter. For AFLs related to death clearance processes, select Death Cert.

   c. Click *Open* in the **Status** filter to make it the only value selected in the filter.

   d. If you would like to exclude AFLs which were previously grouped and assigned to an abstractor, check **Exclude Grouped**.

   e. If an AFL was assigned to and reviewed by an abstractor, the determination made by the abstractor may be listed in the Result field. To select based on this field, select an appropriate value for the **Result** filter. You may multi-select in this filter.

   f. Click **Apply**. The open AFLs for the selected facility and record type will be shown. The number of AFLs will be displayed at the top left. Determine if this is an appropriate number of AFLs to print and assign.

   g. If the number of AFLs is too large for one assignment, you may either continue with step 3 and then limit the number to be modified; or you may create a smaller list by filtering on event date. You may specify a closed or open-ended date range using one or both of the Event Date filters.

i. To select AFLs with an event date on or after a particular date, enter the date in **Event From**. (Tip: To select all AFLs from this date forward, do not enter a value in **Event To**.)

ii. To select AFLs with an event date prior to and including a particular date, enter the date in **Event To**. (Tip: To select all AFLs up to this date, do not enter a value in **Event From**.)

iii. To include AFLs within the year range specified for Event Date but with unknown month and/or day, check the month and/or day boxes in the **Show unknown dates** section.

iv. To include AFLs with unknown date, check the year box in **Show unknown dates** section (it is not necessary to check all three boxes).

v. Tip: To review a list that only includes AFLs with unknown event dates, enter a future date in **Event From** and check the year box in the **Show unknown dates** section.

3. Review the AFLs that are displayed. If an AFL has a group ID, the AFL may have previously been assigned to an abstractor. Determine if you wish to assign the AFL in a new group before continuing.

4. To assign all AFLs that are listed or a subset of those AFLs, click **Modify All**. You will be able to specify the number of AFLs in a later step. To assign a specific set of AFLs, check the box to the left of each AFL ID and click **Modify** (you can only check the boxes of AFLs that are on the same page).

   a. If you wish to limit the number of AFLs assigned in this group, enter a value in the **Maximum Number to Modify** field.

   b. Set **Group Action** to Group.

   c. Click **OK** to exit the Modify AFls page.

   d. You will be prompted to confirm that you wish to create a new group containing the AFLs. Click **OK**. A new Group ID will be assigned to each AFL.

5. To print the Abstracting Assignments report for the new group, click **Assignments**. This report is formatted for 11x17 inch paper.

   a. Depending on your browser settings, you may have the option to Open or Save the report. If so, click **Open**.

   b. The PDF will open in an Adobe Acrobat window.

   c. Use the Adobe controls to print and/or save this report. You must select a printer that allows you to use 11x17 inch paper and select the correct paper size in Print Setup (specific instructions vary depending on your printer and the version of the printer driver that is installed, please contact your IT staff for further instructions).

Tracking Abstracting Assignments

Requires system permission: *afl_manager*

To track and update the status of leads assigned to an abstractor:

1. Collect the Abstracting Assignments report from the abstractor. The **Action** column of the report should contain a code indicating that the case was abstracted or the reason it was not abstracted.

2. Consult your IT staff to ensure that the abstract records submitted with the report were imported into SEER*DMS. It is important to wait for the records to be imported and processed in order to allow SEER*DMS to automatically close as many leads as possible. You will only need to update the leads that did not match abstract records.

3. Click **Manage > Abstract Facility Leads.**

4. Enter the Group ID printed on the Abstracting Assignments report into the **Group ID** filter. **Tip**: If you are viewing a list of AFLs, the Group ID filter is set automatically when you click the Group ID of one of the AFLs.

5. Set the Status filter.

   a. If you wish to limit your review to pending AFLs in this group, set the **Status** filter to **Open**. AFLs in the group will not be listed if they were auto-closed when a matching abstract record was loaded and processed. The number of items now displayed in SEER*DMS should be less than the number of AFLs in the printed report. If this is not the case, consult your IT staff to determine if the abstract records were imported.

   b. Typically, you will only need to review and modify AFLs that remain open to determine if further processing is required or to indicate the reason that an abstract was not obtained. However, if you wish to review all AFLs in the group, set the **Status** filter to **blank**. The list should include all AFLs that were assigned and printed on the report. However, it is possible that some AFLs were ungrouped or re-assigned in another group (you may search for a specific AFL by AFL ID, if necessary).

6. Click **Apply**.

7. As determined by registry policies and procedures, you may use one of the following methods to process AFLs that were not auto-closed during the processing of the imported records. If you wish to document a change to an AFL, process each AFL individually. Otherwise, you may implement these changes on a set of AFLs that you select (steps for selecting sets of AFLs are discussed in the *Modifying AFLs* section of this chapter).

   a. If an abstract is not necessary or cannot be obtained, set the result field to the appropriate value and close the AFL. Note: If you set result to *Not a Reportable Cancer*, the record that triggered the AFL will be changed from reportable to auditable.

   b. To request an abstract from a different facility, use the  lookup to specify an ID in the **Facility** field. The AFL will be removed from the current group. Follow the instructions in *Assigning Leads to an Abstractor* to add the AFL to a new group.

   c. To submit a new request for an abstract from the same facility, you may either ungroup the AFL to allow it to be considered for a new group created at a later time; or you may move a set of AFLs from this group to a new group by setting **Group Action** to *Group*.

   d. If an abstract record is expected but the data file has not yet been loaded, do not modify the AFL. Consult your IT staff to determine when the data will be loaded.

Printing AFLs

Requires system permission: *afl_manager*

The AFL Manager includes two buttons for printing reports. The **Print** button generates a report (RPT-073A) showing the AFLs currently listed in the AFL manager. The data in this report are the same as those displayed in the AFL Manager, it includes all pages. The **Assignments** button can be used to generate the Abstracting Assignments sheet (RPT-XX013A, where XX is a code

indicating the registry). The layout of this report is registry-defined; and it can only be used to generate an assignment sheet for AFLs in the same group.

To print AFLs:

1. Click **Manage** > **Abstract Facility Leads**.
2. Use one or more of the filter fields to select the AFLs to include on the report:
   a. To include both open and closed AFLs in the report, set the **Status** filter to blank. Otherwise, select a value for this filter.
   b. To print AFLs for a single facility, use the lookup to specify an ID in the **Facility** filter.
   c. If you are printing AFLs from a single group and know the Group ID, enter the ID in the **Group ID** filter. To enter multiple IDs, click the adjacent to the filter. You may then type multiple IDs into the text box.
   d. To print a set of AFLs based on event date, you may specify a closed or open-ended date range using one or both of the Event Date filters.
      i. To select AFLs with an event date on or after a particular date, enter the date in **Event From**. (Tip: To select all AFLs from this date forward, do not enter a value in **Event To**.)
      ii. To select AFLs with an event date prior to and including a particular date, enter the date in **Event To**. (Tip: To select all AFLs up to this date, do not enter a value in **Event From**.)
      iii. To include AFLs within the year range specified for Event Date but with unknown month and/or day, check the month and/or day boxes in the **Show unknown dates** section.
      iv. To include AFLs with unknown date, check the year box in Show unknown dates section (it is not necessary to check all three boxes).
      v. Tip: To review a list that only includes AFLs with unknown event dates, enter a future date in **Event From** and check the year box in the **Show unknown dates** section.
3. Click **Apply**.
4. Create a PDF report file listing the AFLs currently displayed:
   a. To create a report containing the fields currently shown on your screen, click **Print**.
   b. To print the Abstracting Assignments report for a single group, click **Assignments**. This report cannot be generated for AFLs that are not grouped or for AFLs that are in multiple groups.
5. Depending on your browser settings, the report may open automatically or you may need to click **Open**. The PDF will open in an Adobe Acrobat window.
6. Use the Adobe controls to print or save this report.
7. Close the Adobe window.

Modifying AFLs

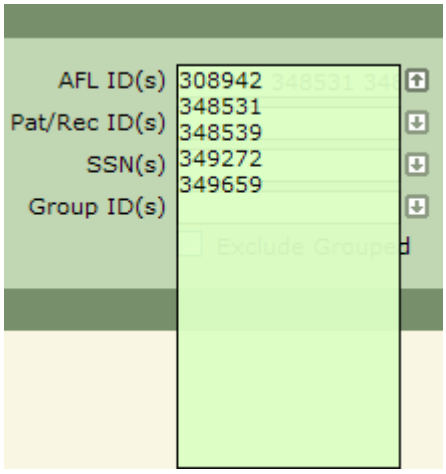
Requires system permission: *afl_manager*

After following the steps in *Tracking Abstract Assignments*, you may wish to modify the Status, Result, or Grouping of an AFL. Status indicates whether the AFL is opened or closed. The Result field is used to track the final determination made by the abstractor when they attempted to abstract the case. Typically, this field is used to code the reason given for not obtaining an abstract. The Grouping Status of an AFL may be changed to ungroup an AFL or assign it to a new group. In addition, you have the ability to set a flag that indicates whether a Letter is Needed. This flag is not used by SEER*DMS but may be referenced by an external report to create letters requesting additional information from a physician or reporting facility.

If you wish to document a change to an AFL, process each AFL individually. Otherwise, you may implement these changes on a set of AFLs that you select.

To modify a single AFL or a set of AFLs:

1. Click **Manage** > **Abstract Facility Leads**.
2. Use the filters to search for the AFLs that you wish to modify.
   a. To include both open and closed AFLs in the search, set the **Status** filter to blank. Otherwise, select the appropriate value for this filter.
   b. To search for an AFL group, enter the Group ID printed on the Abstracting Assignments report into the **Group ID** filter.
   c. To specify a set of AFLs by ID, enter the IDs into the **AFL ID(s)** or **Pat/Rec ID** filters.
      i. To expand the filter so that more than one ID can be entered, click the adjacent to the ID filter. A text box will appear as shown below.



      ii. Type the numeric portion of the ID and press Enter (the AFL- and REC- prefixes may be entered, but are not required). You may enter as many IDs as you wish.
   d. To select a set of AFLs based on event date, you may specify a closed or open-ended date range using one or both of the Event Date filters.

i. To select AFLs with an event date on or after a particular date, enter the date in **Event From**. (Tip: To select all AFLs from this date forward, do not enter a value in **Event To**.)

ii. To select AFLs with an event date prior to and including a particular date, enter the date in **Event To**. (Tip: To select all AFLs up to this date, do not enter a value in **Event From**.)

iii. To include AFLs within the year range specified for Event Date but with unknown month and/or day, check the month and/or day boxes in the **Show unknown dates** section.

iv. To include AFLs with unknown date, check the year box in Show unknown dates section (it is not necessary to check all three boxes).

v. Tip: To review a list that only includes AFLs with unknown event dates, enter a future date in **Event From** and check the year box in the **Show unknown dates** section.

e. To search for a specific AFL by patient name, enter text into the **Last Name** and/or **First Name** filters.

f. To search by facility, use the  lookup to specify an ID in the **Facility** filter.

3. Click **Apply**.

4. Select the AFL(s):

a. To select a single AFL, check the box to the left of the Task ID.

b. To select two or more AFLs, use one of the following methods:

i. To select specific AFLs, check the box to the left of each AFL ID. You can only select AFLs on the same page with this method.

ii. To select all AFLs displayed on the current page, check the box on the top left of the page, adjacent to the **AFL ID** column heading.

iii. To select all tasks on all pages of the filtered worklist, click **Modify All** and skip ahead to Step 6.

5. Click **Modify**.

6. You may set the following fields for the selected AFLs. Only specify a value for a field if you wish to change that field for the selected AFLs. If you leave a field blank then each AFL will retain its current value for that field.

a. Status – AFLs that require processing should be set to *Open*. If no further processing is required, set this field to *Closed*.

b. Result - use an AFL's result field to track the determination coded by the abstractor on the Abstracting Assignments report. The valid values for this field are listed below. Registry policies based and tracking procedures should determine how this field is populated and maintained. In SEER*DMS, the *Abstracted* and *Not a Reportable Cancer* values involve special processing as noted below.

i. *Abstracted* – If an abstract was received but SEER*DMS failed to auto-detect the match, set Result to Abstracted.

ii. *FUP Only*

iii. *Not a Reportable Cancer* – If you set the result to *Not a Reportable Cancer* and close the AFL, the reportability of the record that triggered the AFL is automatically changed to auditable.

iv. *Tissue Only*

v. *Slide Only*

vi. *Not at Hosp*

vii. *DOA*

viii. *Rad Only*

ix. *Recurrence*

x. *Metastatases*

xi. *Duplicate*

xii. *Out of Area*

xiii. *Prior to Reporting Date*

xiv. *Other*

c. Group Action – To create a new group containing the selected AFLs, set **Group Action** to *Group*. If an AFL is currently in a group, it will be re-assigned to the new group. To remove the current group ID and allow the AFls to be re-assigned at a later time, set **Group Action** to *Ungroup*.

d. Send Letter – this flag is not used by SEER*DMS but may be referenced by external reports that create letters requesting additional information from a physician or reporting facility.

7. To change a limited number of the AFLs, enter a value in **Maximum Number to Modify**. Using this method, you cannot control the specific AFLs that are modified. This provides a convenient mechanism for limiting the number assigned to a group. However, this option should not be used when changing the Status, Result, or Send Letter fields.

Updates to AFL Data Fields

Requires system permission: *afl_manager*

When an AFL is created, the data fields from the associated record or patient set are copied into fields in the AFL. If the record data fields are modified, the data fields in the associated AFL are automatically updated. However, the reverse is not true. If you modify the data fields in the AFL, the fields in the associated record are not changed. The only situation in which the record is changed due to a change in an AFL occurs when an AFL is closed with a result of *Not a Reportable Cancer*. In this situation, the reportability of the record is changed to auditable.

Algorithms to Auto-close AFLs

An AFL is closed automatically when an abstract record enters the system and is matched to an AFL. A match is made if the record matches the facility, patient, and event date according to a registry-defined algorithm.

Facility – the AFL's facility ID must be an exact match of the ID for the reporting/source facility field on the abstract record. In some registries, AFLs related to laboratory reports are closed when an abstract is received from any hospital.

Person – the person is considered a match if 1 or 2 is true:

1. (First AND last name fields are exact matches) AND (date of birth is an exact match OR there is a match between the AFL medical record number and the medical record number field on the record).

   A partial match is accepted for medical record numbers that share a sequence of five or more digits.

OR

2. (Soundex AND date of birth are exact matches) AND ((social security number is known AND is an exact match) OR (there is a match between the AFL medical record number and the medical record number on the record)).

   A partial match is accepted for medical record numbers that share a sequence of five or more numbers.

Event Date – the AFL Event Date must be within two days of date of diagnosis, date of admission, date of discharge, or date of therapy on the record. In addition, it is considered a match on date if the AFL Event Date occurs within the period of time from the date of admission to the date of discharge.

An AFL will also be auto-closed when a CTC is built from the associated casefinding or death certificate record. A casefinding only or death certificate only CTC may be built during a system task or by a staff member who is editing the data. These processes are described in the next section of this chapter and in *Chapter 27: System Administration*.

Creating a CTC from a Non-abstract Record

Requires system permission: *rec_build_cfo*

If you determine that a case should be submitted to SEER despite the fact that an abstract is currently unavailable, you may use the record editor to create a CTC from the non-abstract record. This feature is available for reportable casefinding, death certificate, and short health records. (In this context, casefinding includes any record processed in the workflow as "Casefinding". The specific record types will vary by registry and may include Follow-up Transmit, HL7, and other import types). If the record is not linked to an existing patient set, you may create a new patient set. If the record is linked to a patient set but not to a CTC, you may create a new CTC within the patient set.

Alternatively, system tasks are available to auto-build batches of cases from non-abstract records as described in Chapter 27: System Administration. The Build DCO, Build CFO, Build SHO system tasks incorporate reportable, unlinked records into the Patient Set data as new Patient Sets or new CTCs for existing Patient Sets.

To create a Patient Set from a non-abstract record:

1. Open the record in the record editor.
2. If the record is a casefinding or short health record, select **Build Patient Set** from the record menu. This menu item is only available on unlinked casefinding records and can only be seen by users with the *rec_build_cfo* permission.
3. If the record is a death certificate record:

a. If you have received follow-up data from a physician, select **Build MDO Patient Set** to create a DCO using default values specifically designed for physician only cases.

b. If this is not a physician only case, select **Build Patient Set** from the record menu. These menu items are only available on unlinked death certificate records and can only be seen by users with the *rec_build_cfo* permission.

4. Click **OK** to confirm.

5. SEER*DMS will create an automated workflow task to create the patient set. When the task completes, a Visual Edit Patient Set task related to the new patient set will be assigned to you.

To create a CTC from a non-abstract record:

1. Search the database for the record or its associated patient set. You may enter the Patient Set or Record ID into the quick search, or click **View** > **Patients** to use the Patient Lookup. (See *Chapter 20: Searching for Patients and Record*s.)

2. Verify that the record is not already linked to a CTC. If it is linked at the patient level, you may proceed.

3. Click the ID of the record in the patient set navigation box.

4. Select **Move To > New CTC** from the record's menu.

5. SEER*DMS will create a new CTC; you may proceed with visual editing.

Casefinding Reports

The following reports are available for monitoring the completeness of casefinding. Instructions for generating reports are provided in Chapter 24: Creating Reports and Extracting Data. Consult your IT staff to determine if other, external casefinding reports are available at your registry.

Report ID	Title	Description
RPT-015A	Record Counts by Abstractor	Number of records abstracted by each abstractor for a specified period of time.
RPT-017A	CTC Frequencies by Month of Diagnosis	CTC counts by month of diagnosis for three years.
RPT-018A	CTC Frequencies by SEER Site Recode	CTC counts by SEER site recode for a two-year period.
RPT-024A	Abstractor's Report of Active Cases	A reference sheet for abstractors showing the active cases in the database for a facility.
RPT-050A	Missing Abstracts	CTCs missing an initial abstract (DCOs, CFOs, etc).
RPT-067B	Frequency of Records for Build CFOs Task	Number of records to be considered by the Build CFOs system task.
RPT-068B	Frequency of Records for Build DCOs Task	Number of records to be considered by the Build DCOs system task.
RPT-068B	Frequency of Records for Build SHOs Task	Number of records to be considered by the Build SHOs system task.
RPT-080A	Abstract Facility Leads Closed Manually	List of the AFLs which were closed manually on a specified day.